EPHP 2016: Bringing evidence into public health policy: enhancing equity and engendering intersectoral action for health

Upendra Bhojani,1 Werner Soors2

Since 2010, the national conferences on bringing Evidence into Public Health Policy (EPHP) serve as a unique platform to promote exchanges among researchers, practitioners and policymakers for better population health in India. With the central objective of contributing to informed policy and action, each EPHP focuses on concepts and initiatives of significant importance for health in India where informed policymaking can make a difference.

The first EPHP in 2010 focused on ‘Five years of National Rural Health Mission’.1 The National Rural Health Mission—now National Health Mission taking into its ambit the National Urban Health Mission—was and remains a significant structural reform in the Indian health landscape. Paving the road for improved healthcare delivery, the mission connected the health system again with the community by introducing Accredited Social Health Activists, community monitoring and village and district health plans. EPHP 2010 analysed the mission, took stock of the progress made and deliberated on lessons for course corrections.

The second EPHP in 2012 focused on ‘Strengthening Health Systems to achieve Universal Health Coverage’.2 The concept of Universal Health Coverage fetched political attention in India and renewed the discourse on how to achieve health for all. EPHP 2012 deliberated on this visionary concept and explored the need for systems thinking in health.

Today, in the era of transition from Millennium to Sustainable Development Goals, informed planning is needed more than ever. While the country has made significant progress in improving population health over the last decade, the achievements of Millennium Development Goals (MDGs) remain a mixed bag. We came close to achieving the health targets of reducing child mortality and halting the spread of HIV/AIDS and malaria. However, we are far short of achieving those on reducing maternal mortality.3 Most importantly, our overall progress masks raging disparities. Take, for example, our national infant mortality rate, which came down to 40 deaths per 1000 live births: behind this average hide both a comforting 12/1000 in Kerala and an unacceptable 54/1000 in Madhya Pradesh and Assam.3 A majority of health outcomes show such wide disparities between states, communities and, ultimately, people. In parallel, the lack of progress in non-health MDGs should be an eye-opener: in 2011, about 59.2% of the population lived on below two international dollars a day; in 2012, 43.4% of Indian households lacked basic sanitation facilities and nearly half of India’s children were underweight.3,4 We can no longer close our eyes for the social determinants of health, and of health inequities. Indeed, health cannot be separated from overall well-being. If we want to bring health closer to our people, to all of them according to their needs, the policy will have to embrace intersectoral action.


Author affiliations
1 Institute of Public Health, Bangalore, Karnataka, India
2 Institute of Tropical Medicine, Antwerp, Belgium

REFERENCES